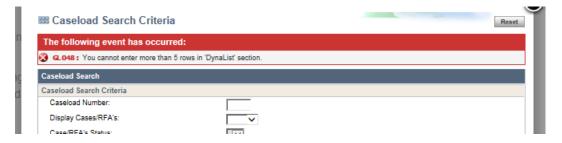# CWW/ACCESS Updates for March 3rd, 2018
DHS Income Maintenance Programs
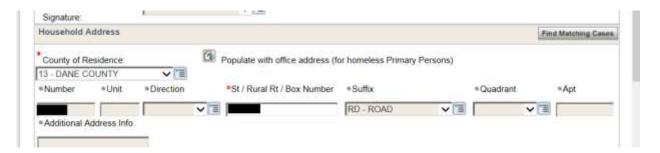# (Medicaid/BadgerCare Plus/FoodShare/Caretaker Supplement)

ACCESS

- ACCESS was allowing program adds for closed cases incorrectly, this has been fixed.

- There were problems for some members submitting documents through ACCESS, this has been fixed.
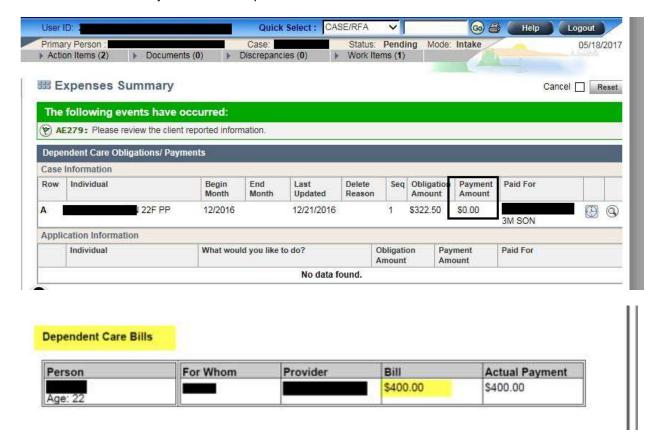
CWW

- FNS CAP phase 2. Ops Memo 18-J1. Many changes have been made to CWW notices and a new "Pending/Not Verified" page will assist workers in processing verifications on a case. Problems where CWW was not applying policy correctly for certain verifications have been fixed. CWW will correctly pend for verification by each programs' policy. See chart at the end of this document that outlines the verification codes and their functionality.

- Documents have been added to the Dashboard for tracking and processing. Please see operations memo 18-06.

- Workers could not move more than 5 cases to another caseload. CWW allows 25 at a time, this has been fixed.

- CMS is removing social security numbers from Medicare cards, CWW data exchanges will be enhanced to allow the transfer of data.

- Currently when searching in CWW for "ACP Follow-up" Action Items, CWW returns results that aren't part of the search. CWW will now return the correct search results.

- Currently when a worker populates the agency address for a homeless person on the General Case Information page, CWW populates the agency address of that for the signed on worker. This has been problematic for some Consortia updating cases that live in another county in their Consortia. This has been fixed to default to the agency address for the county office in which the case resides.

- For some cases, CWW didn't display the dependent care expenses amount reported on the ACCESS submission when processing. The worker was prompted to add/merge/do not add the information, $0 showed on the summary but the PDF reported $400. This has been fixed.

Caretaker Supplement

- Currently, CTS fails for a child when one parent is coded OTX (Tax Depended out of the home). CWW has been fixed to ignore the OTX parent in the determination.

Correspondence

- Edit ED001: "Case is pending for more than 3 gatepost reasons. Please follow up with the customer to get answers for the outstanding questions" has been removed from the Verification Checklist Page as this was an incorrect edit.

- Notices have been updated to no longer reference BadgerCare Plus Standard Plan.

- In March, 2018 the Self-Employment Income Report (F00107 and F00107a) and the Self-Employment Income Report: Farm Business (F00219 and F00219a) will be updated. The new versions will also be sent from CWW when a Verification Checklist is sent for these types of self-employment.

- Mainframe Notices have been moved to Client Correspondence in CWW. Please see operations memo 18-J2.
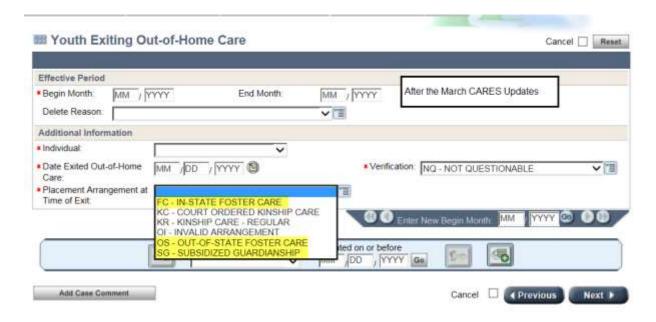
FoodShare

- Workers were using DSNAP codes incorrectly to issue regular FS supplements. As a result, the supplement could not be cancelled and had to be fixed by the State. Workers will not be able to select codes 905,960,961,962,963,964 except when in a disaster period. Workers were receiving this message when trying to cancel the supplement: DSNAP supplement codes available during non-disaster periods BI017: Request denied - Issuance month does not match the Disaster issuance month.

- There was a problem where hours per week were not displaying on the ACCESS SMRF PDF. Currently, the process will blank out the hours on the PDF when the Type of Pay is salary, tips or bonus. CWW has been fixed to display these pay types, but the hours will continue to be blank.

- Cases with a person turning 100 changed to a non EBD FoodShare benefits incorrectly, which impacts change reporting, allowable medical expenses and no shelter cap. This has been fixed.

- FSET referrals were being generated from cases that person was no longer a part of. This has been fixed.

- CWW was passing some FS cases with more than one member who were both ineligible. CWW will now fail AGs when the only members in the group are deemers. Example: Primary Person has a VQT and her boyfriend (who is in the FS Group) is not eligible for FS because he has used all 3 TLBs. CWW would pass FS and issue benefits incorrectly (no one in the HH was eligible). This was also preventing notices from being generated. This has been fixed.

- The Sanction Start date has been added to the FS IPV notice.

- CWW was resetting the 7th month for the premium due when cases closed for non-payment after the first 6 months. This has been fixed.
Example: MAGM cert period is from 10/2016-9/2017. The income was under 133% so no premium was owed for those first six months. The first premium was due 4/2017, was not paid and an RRP was imposed. Premium was paid late in May but could not confirm May, and when re opening for June, CWW was showing the 7th month premium due as 12/2017 (after the extension period ended).

- When $0 was entered for utility expenses, the expense was not allowed for FS (including the utility standards). A Coordinators message was sent to agencies 6/7/2017 with workaround instructions. These workarounds are no longer needed since the problem has been fixed.

- Problems where CWW wasn't issuing expedited FS and other information was pending incorrectly or had a previous 554 failure have been fixed.

- When eligibility is run between the 31st and 40th day after the FS filing date, the FS AG will build (open or closed) from the run date instead of failing, or opening from the filing date which can result in incorrect FS determinations. In August, 2017 this message was introduced to CWW when workers run eligibility: AE723: Worker must review FoodShare Request page as filing date is now greater than 30 days with 4 possible actions to take. This edit/process has been enhanced. CWW will no longer pop open FS between the 31st and the 40th day of an application period when the interview was not completed and the FS request will change to N. The message has also been updated to give better instructions to the worker: AE723:FS is opening from today's date and the filing date is more than 30 days ago. If opening FS with 60 day late verification at application policy, update the filing date to the date required verification was received. If FS should open from the application date change the FS request from Y to N to Y to get FS to open correctly from the filing date.

Health Care

- CARES enhancements have been made to comply with Federal and State Health Care Laws and Regulations. Please see operations memo 18-05.

- CWW has been updated to allow workers to identify foster care youths if they are in state or from out of state. DHS must report these numbers to CMS. The Youth Exiting Out-of-Home Care Page has been updated to allow for easier reporting and the SG code has been relabeled.

- Some MAG individuals were failing 038 for failure to verify identity when a valid code was entered on the current and permanent demographics pages. This has been fixed.

- Some Continuously Eligible Newborns were found eligible for extensions in error (after the MAGB certification had ended). This has been fixed.

- Currently, when a Non Marital Co Parent is listed on the Co Parent's case for BadgerCare Plus, Medicare Premium Assistance (MPA) cannot be created for that non marital co parent if s/he is not the primary person based on CWW rules for EBD eligibility.   Workers can open a companion case for MPA, but once MPA is opened on the companion case, BadgerCare Plus incorrectly fails for already receiving assistance on the companion case.   CWW has been fixed so that BadgerCare Plus will no longer fail if a person is open for MPA on a companion case.   Note: workers should choose the best health care coverage (EBD verses BadgerCare) for a person and process accordingly.
  Example: Sue and John Sue and their 2 children are receiving BadgerCare Plus on Sue's case, they are not married. John is disabled and receiving Medicare, but MPA cannot be explored on Sue's case because they are not married. If John is requesting MPA, a companion case must be created for him. BadgerCare plus will continue for Sue and John on her case. If BadgerCare Plus ends for John on Sue's case, EBD related MA must be determined on John's MPA case.

- For some spousal cases where the couple was not living together, CWW was incorrectly including the community spouse in the MPA determination. Because they are not living together, the community spouse should have no impact to the LTC spouse's MPA eligibility. This has been fixed.

- Some FPOS renewals were incorrectly creating a duplicate application work item, this has been fixed.

- In some cases, a decrease in premium could not be confirmed even though by policy, CWW should have allowed it. This has been fixed.

- When workers run Health Care applications after 30 days from the filing date, HC will open as of the run date. When this happens eligibility maybe skipped for a month(s) and a free month established incorrectly (too late). A message has been added to the Initiate Eligibility page when a Health Care request is made (Health Care has been closed) and the worker is running eligibility up to 60 days after the filing date to caution the worker of potentially needed action. The message "HC is being determined from today's date and the filing date is more than 30 days ago. If HC should be determined from the filing date because of delayed application processing, update the HC request from Y to N, navigate away from the page to save the change, and then navigate back

and update to Y for HC to run correctly from the filing date." This should assist in ensuring applications are processed from the application date and free months are determined correctly.

System Errors

To improve system performance and response time, miscellaneous systems errors navigating in CWW have been fixed

- System errors Navigating between the Medical Summary Page and the Medicare page

- System errors on the Permanent Demographic page: java.lang.IndexOutOfBoundsException

- System errors when adding a person using the Select Other Household Members
Exception Text: com.ibm.websphere.ce.cm.DuplicateKeyException: AN INSERTED OR UPDATED VALUE IS INVALID BECAUSE INDEX IN INDEX SPACE X0648UC1 CONSTRAINS COLUMNS OF THE TABLE SO NO TWO ROWS CAN CONTAIN DUPLICATE VALUES IN THOSE COLUMNS. RID OF EXISTING ROW IS X'017800097A'.. SQLCODE=-803, SQLSTATE=23505, DRIVER=3.63.75 Method Name: selectForSql Calling Method: storePreviousMembers

- System errors on the Benefits Received Page
Exception Text: java.lang.NullPointerException
Method Name: getBenefitsReceived

- System errors on the Impairment Related Work Expenses page
java.lang.NullPointerException

- System errors were occurring on some cases when querying history from the Summary page
Exception Text: java.text.ParseException: Unparseable date: "498"
Package/Class Name: gov.wisconsin.CWW.presentation.entities.listview.AEESMWPSanctionsSummary
Method Name: formatEffMonthDisplay

- System errors for BadgerCare Plus cases with premiums and eligibility changes
61336-READ-GRP-PREM ERROR TYPE: DB2 DB2 TABLE NAME: T0737_BCP_GRP_PREM DB2 FUNCTION: READ SQLCODE: -811 DESC:

- System errors confirming have been fixed
Method Name: saveConfirmEligibility
Primary Keys: | Case XXXXXXXXXX
Calling Class: gov.wisconsin.CWW.business.services.PEConfirmationEJBBean
Calling Method: storeConfirmEligibility confirm

- Store current demo
Method Name: retroUpdate
Primary Keys: T2292_TXIN_OUT_HH: case_num=XXXXXXXXXXpin_num=XXXXXXXXXXhistory_seq_num=3 | Case XXXXXXXXXX
Calling Class: gov.wisconsin.CWW.business.services.IndividualDemographicsEJBBean
Calling Method: storeCurrentDemographics

TAPP

- CWW will pend eligibility for self- employment expense verification correctly and if verification is not provided, eligibility will not fail. However, the expense will not be used in the eligibility determination if the verification code is NV, SP or QV.

Verification Codes and CARES

Policy references
BadgerCare Plus Handbook Chapter 9
FoodShare Handbook 1.2
Medicaid Handbook Chapter 20
Caretaker Supplement 3.1

Verification Code	?/?O	NV	SP	Q?	QV
Scenario A: Verification is a mandatory eligibility requirement for the program.	Pend	Fail	Fail	Pend	Fail
Scenario B: Verification is mandatory when information is questionable for the program	Pass	Pass	Pass	Pend	Fail
Scenario C: Verification of an Expense or deduction	Pass (expense allowed)	Pass (expense allowed)	Pass (expense allowed)	Pend	Pass (expense not allowed)

Note: PN/WN/FN verification codes are W2/CC verification codes and do not impact IM programs.

Examples

Scenario A: Verification is a mandatory eligibility requirement for the program
- Employment is mandatory for all programs by policy. ?/?O will pend an AG for verification, and if not provided, NV or SP will fail the AG for not verifying. It is not necessary to enter Q? to pend or a QV to fail.
- Example: Assets are required for EBD Medicaid. A ?/?O will pend for EBD/LTC categories of MA, and if not verified, NV or SP will fail the AG for not verifying. It is not necessary to enter Q? to pend or QV to fail. These verifications will not affect programs where assets are not required to be verified (ie: BC+, FS).

Scenario B: Verification is mandatory when information is questionable for the program
- Example: Household Relationship verification is not a mandatory eligibility requirement for BC+, MA, CTS and FS. ?/?O will not pend the AGS, NV or SP will not fail the AG for not verifying. However, if the agency has reason to question it and it's documented in case comments, the agency may pend for verification using Q? and if verification is not received, QV will close the AGs for not verifying.
- Example: Birth Date verification is not a mandatory eligibility requirement for BC+, MA, CTS and FS. ?/?O will not pend the AGS, NV or SP will not fail the AG for not verifying. However, if the agency has reason to question the information provided and it's documented in case comments, the agency may pend for verification using Q? and if verification is not received, QV will close the AGs for not verifying.

Scenario C: Verification of an Expense or deduction
Example: Shelter Cost verification is not a mandatory eligibility requirement for any program, but it is used for the FS allotment calculation and to raise the EBD categorically needy income limit. ?/?O will not pend FS or MA, NV or SP will still allow the expense as a deduction. However, if the agency has reason to question the information provided and it's documented in case comments (ie: shelter costs are more than the reported income), the agency may pend for verification using Q? and if verification is not received, QV will not fail FS or MA, but the expense will not be used in the allotment calculation or the MS cat needy income test.

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